

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Nancy Hoyt for Congress

ADDRESS (number and street)

113 Round Bay Road

Check if different than previously reported. (ACC)

Severna Park

MD

21146

2. FEC IDENTIFICATION NUMBER ▼

C C00555144

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MD

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nicholas John Demyan

Signature of Treasurer Nicholas John Demyan

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 16

Write or Type Committee Name

Nancy Hoyt for Congress

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07		01		2014

To:

M M	/	D D	/	Y Y Y Y
09		30		2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2622.00	13231.28
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	2622.00	13231.28
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5085.14	33560.04
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	5000.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	5085.14	28560.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6671.24	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	22000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Nancy Hoyt for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1487.00	3387.00
(ii) Unitemized.....	885.00	2724.97
(iii) TOTAL of contributions from individuals ▶	2372.00	6111.97
(b) Political Party Committees.....	250.00	250.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	6869.31
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2622.00	13231.28
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	22000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	22000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	5000.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2622.00	40231.28

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5085.14	33560.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	5085.14	33560.04

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9134.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2622.00
25. SUBTOTAL (add Line 23 and Line 24).....	11756.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5085.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6671.24

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Nancy Hoyt for Congress

A. Full Name (Last, First, Middle Initial)
Alex Demyan Jr.

Mailing Address 20 Crain Highway South

City State Zip Code
Glen Burnie MD 21061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
220.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2014

Transaction ID : SA11AI.4310

Amount of Each Receipt this Period
220.00

B. Full Name (Last, First, Middle Initial)
Judith E. Dodge

Mailing Address 3 Church Circle
Unit 212

City State Zip Code
Annapolis MD 21401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Owner JHP LLC

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2014

Transaction ID : SA11AI.4300

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Judith E. Dodge

Mailing Address 3 Church Circle
Unit 212

City State Zip Code
Annapolis MD 21401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Owner JHP LLC

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2014

Transaction ID : SA11AI.4334

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

770.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nancy Hoyt for Congress

A. Full Name (Last, First, Middle Initial)
Good Life Organic Market

Mailing Address 485 Ritchie Highway

City Severna Park State MD Zip Code 21146

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2014

Transaction ID : SA11AI.4306

Amount of Each Receipt this Period
200.00

SEE MEMO ITEM/Verified Non-Corporate

B. Full Name (Last, First, Middle Initial)
James J. King

Mailing Address 2221 Mount Tabor Road

City Gambrills State MD Zip Code 21054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2014

Transaction ID : SA11AI.4280

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
James J. King

Mailing Address 2221 Mount Tabor Road

City Gambrills State MD Zip Code 21054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-Employed Business Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
397.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014

Transaction ID : SA11AI.4304

Amount of Each Receipt this Period
97.00

In-kind - Food

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

597.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nancy Hoyt for Congress

A. Full Name (Last, First, Middle Initial)
David L. Therrien

Mailing Address 8385 Maryland Road

City Pasadena State MD Zip Code 21122

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
280.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 27 / 2014

Transaction ID : SA11AI.4314

Amount of Each Receipt this Period
80.00

B. Full Name (Last, First, Middle Initial)
Issac Waheed

Mailing Address 485 Ritchie Highway

City Severna Park State MD Zip Code 21146

FEC ID number of contributing federal political committee. **C**

Name of Employer Good Life Organic Market Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
810.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 18 / 2014

Transaction ID : SA11AI.4303

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
Issac Waheed

Mailing Address 485 Ritchie Highway

City Severna Park State MD Zip Code 21146

FEC ID number of contributing federal political committee. **C**

Name of Employer Good Life Organic Market Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1010.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 21 / 2014

Transaction ID : SA11AI.4307

Amount of Each Receipt this Period
200.00

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

120.00

1487.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Nancy Hoyt for Congress

A. Full Name (Last, First, Middle Initial)
Southern Prince George's Republican Club

Mailing Address PO Box 231

City State Zip Code
Accokeek MD 20607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2014

Transaction ID : SA11B.4321

Amount of Each Receipt this Period
 250.00
 FEDERALLY PERMISSIBLE FUNDS

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

250.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 16	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Nancy Hoyt for Congress

Full Name (Last, First, Middle Initial) A. Ally Group LLC		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 2105 North Taft Street #3		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4294
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement Strategic Campaign Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Ally Group LLC		Date of Disbursement MM / DD / YYYY 09 / 15 / 2014
Mailing Address 2105 North Taft Street #3		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4326
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement Strategic Campaign Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Campaign Financial Services		Date of Disbursement MM / DD / YYYY 08 / 13 / 2014
Mailing Address 4905 Del Ray Avenue Suite 401		Amount of Each Disbursement this Period 1001.35 Transaction ID : SB17.4292
City Bethesda	State MD	
Zip Code 20814	Purpose of Disbursement SEE MEMO ITEMS	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2001.35
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 16			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Nancy Hoyt for Congress

Full Name (Last, First, Middle Initial) A. Campaign Financial Services		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 4905 Del Ray Avenue Suite 401		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4293
City Bethesda	State MD	
Zip Code 20814	Purpose of Disbursement Compliance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Campaign Financial Services		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 4905 Del Ray Avenue Suite 401		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4324
City Bethesda	State MD	
Zip Code 20814	Purpose of Disbursement Compliance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Campaign Financial Services		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2014
Mailing Address 4905 Del Ray Avenue Suite 401		Amount of Each Disbursement this Period 1.35 Transaction ID : SB17.4325
City Bethesda	State MD	
Zip Code 20814	Purpose of Disbursement Printing	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 16			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Nancy Hoyt for Congress

Full Name (Last, First, Middle Initial) A. J. King's		Date of Disbursement MM / DD / YYYY 08 / 20 / 2014
Mailing Address 329 Gambrills Road		Amount of Each Disbursement this Period 480.25 Transaction ID : SB17.4323
City Gambrills	State MD	
Zip Code 21054	Purpose of Disbursement Catering	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Office Depot		Date of Disbursement MM / DD / YYYY 07 / 02 / 2014
Mailing Address 569 Ritchie Highway		Amount of Each Disbursement this Period 497.62 Transaction ID : SB17.4288
City Severna Park	State MD	
Zip Code 21146	Purpose of Disbursement General Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. ooshirts		Date of Disbursement MM / DD / YYYY 07 / 03 / 2014
Mailing Address 41454 Christy Street Fremont		Amount of Each Disbursement this Period 201.50 Transaction ID : SB17.4290
City Fremont	State CA	
Zip Code 94538	Purpose of Disbursement Printing	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1179.37
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 16			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Nancy Hoyt for Congress

Full Name (Last, First, Middle Initial) A. Severna Park Voice			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2014		
Mailing Address PO Box 608			Amount of Each Disbursement this Period 525.00		
City Severna Park	State MD	Zip Code 21146	Transaction ID : SB17.4289		
Purpose of Disbursement Advertising		Category/ Type 004			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Twitter			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2014		
Mailing Address 1335 Market Street			Amount of Each Disbursement this Period 63.54		
City San Francisco	State CA	Zip Code 94103	Transaction ID : SB17.4284		
Purpose of Disbursement Advertising		Category/ Type 004			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code			
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	588.54
TOTAL This Period (last page this line number only).....	4769.26

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Nancy Hoyt for Congress** Transaction ID : **SC/10.4154**

LOAN SOURCE Full Name (Last, First, Middle Initial) **Nancy Hoyt** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
113 Round Bay Road

City State ZIP Code
Severna Park MD 21146

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: M 12 / D 16 / Y 2013
Date Due: M / D / Y ON DEMAND
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 5000.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Nancy Hoyt for Congress** Transaction ID : **SC/10.4156**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Nancy Hoyt
 Primary
 General
 Other (specify) ▼

Mailing Address
113 Round Bay Road

City State ZIP Code
Severna Park MD 21146

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS

Date Incurred: M 01 / D 09 / Y 2014
Date Due: M / D / ON DEMAND
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 5000.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Nancy Hoyt for Congress** Transaction ID : **SC/10.4183**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Nancy Hoyt
 Primary
 General
 Other (specify) ▼

Mailing Address
113 Round Bay Road

City State ZIP Code
Severna Park MD 21146

Original Amount of Loan 7000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 7000.00
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TERMS

Date Incurred: M 03 / D 05 / Y 2014
Date Due: M / D / Y ON DEMAND
Interest Rate: 0.00 % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 7000.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Nancy Hoyt for Congress

Transaction ID : SC/10.4241

LOAN SOURCE Full Name (Last, First, Middle Initial)

Nancy Hoyt

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
113 Round Bay Road

City State ZIP Code
Severna Park MD 21146

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
5000.00 0.00 5000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
06 / 04 / 2014 ONDEMAND 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 5000.00
TOTALS This Period (last page in this line only)..... 22000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.